

NSN 1005 01 564 2153

Qty: 1

Comment: Final
MLSDOC TYPE MLSDOC# MEMO 16 JUL 18DATE 0718ETC 8000UIC N55322

FINANCIAL LIABILITY INVESTIGATION OF PROPERTY LOSS

PRIVACY ACT STATEMENT

AUTHORITY 10 USC 2775; DoD Directive 7200.11; EO 9397

ROUTINE USE(S). None.

PRINCIPAL PURPOSE(S) To officially report the facts and circumstances supporting the assessment of financial charges for the loss, damage, or destruction of DoD-controlled property. The purpose of soliciting the SSN is for positive identification.

DISCLOSURE. Voluntary, however, refusal to explain the circumstances under which the property was lost, damaged, or destroyed may be considered with other factors in determining if an individual will be held financially liable.

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1. DATE INITIATED (YYYYMMDD) 20160811		2. INQUIRY/INVESTIGATION NUMBER		3. DATE LOSS DISCOVERED (YYYYMMDD) 20160804	
4. NATIONAL STOCK NO. 1005-01-564-2153	5. ITEM DESCRIPTION Sound suppressor kit, 5 36mm 711749	6. QUANTITY 1	7. UNIT COST 1,018.00	8. TOTAL COST 1,018.00	
9. CIRCUMSTANCES UNDER WHICH PROPERTY WAS (X one) (Attach additional pages as necessary) Suppressor was lost during night time vehicle recovery operations while deployed ISO SEAL Team EIGHT. Additional detail can be provided on SIPR.		<input checked="" type="checkbox"/> LOST		<input type="checkbox"/> DAMAGED <input type="checkbox"/> DESTROYED	
10. ACTIONS TAKEN TO CORRECT CIRCUMSTANCES REPORTED IN BLOCK 9 AND PREVENT FUTURE OCCURRENCES (Attach additional pages as necessary) Team members conducted a thorough search of the vehicles and area using NIDS and metal detectors. Complete equipment inventory was conducted following return from mission. All team members have been directed to check that suppressors are securely attached or stored in pouches.					
11. INDIVIDUAL COMPLETING BLOCKS 1 THROUGH 10					
a. ORGANIZATIONAL ADDRESS (Unit Designation, Office Symbol, Base, State/Country, Zip Code) EODMU TWELVE N3 2520 Midway Road, STE 200 Virginia Beach, VA 23459		b. TYPED NAME (Last, First, Middle Initial) (b) (6)		c. DSN NUMBER (b) (6)	
		d. SIGNATURE (b) (6)		e. DATE SIGNED 20160811	
12. (X one) <input checked="" type="checkbox"/> RESPONSIBLE OFFICER (PROPERTY RECORD ITEMS) <input type="checkbox"/> REVIEWING AUTHORITY (SUPPLY SYSTEM STOCKS)					
a. NEGLIGENCE OR ABUSE EVIDENT/ SUSPECTED (X one) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		b. COMMENTS/RECOMMENDATIONS			
c. ORGANIZATIONAL ADDRESS (Unit Designation, Office Symbol, Base, State/Country, Zip Code) EODMU TWELVE Executive Officer 2520 Midway Road, STE 200 Virginia Beach, VA 23459		d. TYPED NAME (Last, First, Middle Initial) (b) (6)		e. DSN NUMBER (b) (6)	
		f. SIGNATURE (b) (6)		g. DATE SIGNED 20160811	
13. APPOINTING AUTHORITY					
a. RECOMMENDATION (X one) <input checked="" type="checkbox"/> APPROVE <input type="checkbox"/> DISAPPROVE		b. COMMENTS/RATIONALE Item lost while conducting operations in the AFRICOM AOR. Concur with guidance annotated in block 10.		c. FINANCIAL LIABILITY OFFICER APPOINTED (X one) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
d. ORGANIZATIONAL ADDRESS (Unit Designation, Office Symbol, Base, State/Country, Zip Code) Executive Officer EODESL TW4 2520 Midway Rd Virginia Beach, VA 23459		e. TYPED NAME (Last, First, Middle Initial) (b) (6)		f. DSN NUMBER (b) (6)	
		g. SIGNATURE (b) (6)		h. DATE SIGNED 20160913	
14. APPROVING AUTHORITY					
a. RECOMMENDATION (X one) <input checked="" type="checkbox"/> APPROVE <input type="checkbox"/> DISAPPROVE		b. COMMENTS/RATIONALE Disapproved - AL (b) (6) CV M012		c. LEGAL REVIEW COMPLETED IF REQUIRED (X one) <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
d. ORGANIZATIONAL ADDRESS (Unit Designation, Office Symbol, Base, State/Country, Zip Code) Commander, EODGRL TW4 2520 Midway Rd Virginia Beach, VA 23459		e. TYPED NAME (Last, First, Middle Initial) (b) (6)		f. DSN NUMBER (b) (6)	
		g. SIGNATURE (b) (6)		h. DATE SIGNED 20160913	

DD FORM 200, OCT 1999

PREVIOUS EDITION IS OBSOLETE

Acron Publications 73

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16 FINANCIAL LIABILITY OFFICER**a. FINDINGS AND RECOMMENDATIONS (Attach additional pages as necessary)**

b. DOLLAR AMOUNT OF LOSS	c. MONTHLY BASIC PAY	d. RECOMMENDED FINANCIAL LIABILITY
e. ORGANIZATIONAL ADDRESS (Unit Designation, Office Symbol, Base, State/Country, Zip Code)	f. TYPED NAME (Last, First, Middle Initial)	g. DSN NUMBER
	h. DATE REPORT SUBMITTED TO APPOINTING AUTHORITY (YYYYMMDD)	i. DATE APPOINTED (YYYYMMDD)
	j. SIGNATURE	k. DATE SIGNED

18. INDIVIDUAL CHARGED**a. I HAVE EXAMINED THE FINDINGS AND RECOMMENDATIONS OF THE FINANCIAL LIABILITY OFFICER AND (X one)**☐ Submit the attached statement of objection ☐ Do not intend to make such a statement.**b. I HAVE BEEN INFORMED OF MY RIGHT TO LEGAL ADVICE. MY SIGNATURE IS NOT AN ADMISSION OF LIABILITY.**

c. ORGANIZATIONAL ADDRESS (Unit Designation, Office Symbol, Base, State/Country, Zip Code)	d. TYPED NAME (Last, First, Middle Initial)	e. SOCIAL SECURITY NUMBER
f. DSN NUMBER	g. SIGNATURE	h. DATE SIGNED

17 ACCOUNTABLE OFFICER**a. DOCUMENT NUMBER(S) USED TO ADJUST PROPERTY RECORD**

b. ORGANIZATIONAL ADDRESS (Unit Designation, Office Symbol, Base, State/Country, Zip Code) EODESL' TWO Supply Officer 2520 Midway Rd, Ste 400 Virginia Beach, VA 23459	c. TYPED NAME (Last, First, Middle Initial) (b) (6)	d. DSN NUMBER (b) (6)
		e. DATE SIGNED 2016-09-15

DD FORM 200 (BACK), OCT 1998

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